

SILVERSCRIPT®

P.O. Box 52424, Phoenix, AZ 85072-2424



MedicareRx
Prescription Drug Coverage X

SilverScript (Employer PDP) sponsored by State of Kansas

2013 Summary of Benefits

Summary of Benefits for SilverScript (Employer PDP) Prescription Drug Plan

January 1, 2013 - December 31, 2013

Section 1: Introduction

Our plan is offered by *SilverScript® Insurance Company*, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation or exclusion. To get a complete list of our benefits, please call SilverScript (Employer PDP) and ask for the *Evidence of Coverage*.

You have choices in your Medicare prescription drug coverage

Your employer group or union is offering you a plan not generally offered to the public. As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan (PDP), like SilverScript (Employer PDP). Another option is to get your prescription drug coverage through a Medicare Advantage Plan (MA) that offers prescription drug coverage. You make the choice.

The chart in this booklet lists some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by SilverScript (Employer PDP) to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where is SilverScript (Employer PDP) available?

The service area for this plan includes all of the United States and its territories. If you move out of the country, please call Customer Care to update your information.

Who is eligible to join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B, live in the service area, and meet any additional requirements established by State of Kansas.

If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA private fee-for-service (PFFS) plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a PFFS plan that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

Where can I get my prescriptions?

SilverScript (Employer PDP) has formed a network of pharmacies. You should use a network pharmacy to receive plan benefits. Your cost may be greater if you use an out-of-network pharmacy to fill your prescriptions.

If you use an out-of-network pharmacy, we will reimburse you our network contracted rate for a one-month supply minus your cost share amount for the drug. You must submit a paper claim in order to be reimbursed.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or call Customer Care. Our Customer Care number is listed at the end of this introduction.

Does my plan cover any Medicare Part B or excluded Part D drugs?

SilverScript (Employer PDP) does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. However, State of Kansas has elected to provide additional supplemental coverage in some additional classes including some drugs that are not covered under Medicare Part D, such as prescription Vitamins, some Barbiturates, some Benzodiazepines, and prescription Cough and Cold medications. Please check your formulary for a listing of all covered drugs.

What is a prescription drug formulary?

SilverScript (Employer PDP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. If you have questions about the drugs on our formulary, please contact Customer Care. Phone numbers are located on the back of this booklet.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternate drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

What should I do if I have other insurance in addition to Medicare?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan.

If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. Call your Medigap Issuer for details.

How can I get Extra Help with my prescription drug plan costs or get Extra Help with other Medicare costs?

You may be able to get Extra Help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting Extra Help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day, 7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication *Medicare & You 2013*,

- Social Security at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778, *or*
- Your State Medicaid Office.

What are my protections in this plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if your Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional plan year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of SilverScript (Employer PDP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance.

You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost.

You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision.

Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the *Evidence of Coverage* (EOC) for the QIO contact information.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact SilverScript (Employer PDP) for more details.

Please call *SilverScript Insurance Company* for more information. Visit us at stateofkansas.silverscript.com or, call us:

Current members should call toll-free
1-800-837-4092. (TTY: 1-866-236-1069)
24 hours a day, 7 days a week.

Prospective members should call toll-free
1-866-808-7084. (TTY: 1-866-552-6288)
8:00 a.m. to 2:00 a.m. ET, 7 days a week.

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the Web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call Customer Care at the phone number listed above.

Este documento podría estar disponible en un idioma distinto al inglés. Para obtener información adicional, llame al servicio al cliente, al número de teléfono indicado más arriba.

Section 2 – Summary of Benefits

Original Medicare

Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.

General information about drugs covered under Medicare Part D

The plan has a *List of Covered Drugs (Formulary)*. We call it the “Drug List” for short. It tells which Part D prescription drugs are covered by SilverScript (Employer PDP). The drugs on this list are selected by the plan with the help of a team of doctors and pharmacists. The list must meet requirements set by Medicare. Medicare has approved the SilverScript (Employer PDP) Drug List.

We will send you a copy of the Drug List. To get the most complete and current information about which drugs are covered, you can visit the plan’s website or call Customer Care (Web address and phone numbers are on the back cover of this booklet).

Different out-of-pocket costs may apply for people who

- have limited incomes,
- live in long term care facilities, *or*
- have access to Indian/Tribal/Urban (Indian Health Service) providers.

Premium:

Your premium is \$148.00.

(You must continue to pay your Medicare Part B premium.)

Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE

(1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

The plan offers national in-network prescription coverage (i.e., this would include all of the United States and its territories). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).

If you use an out-of-network pharmacy, we will reimburse you our network contracted rate for a one-month supply minus your cost share amount for the drug. You must submit a paper claim in order to be reimbursed.

Total yearly drug costs are the total drug costs paid by both you and the plan.

Quantity Limits (QL)

For certain drugs, SilverScript (Employer PDP) limits the amount of the drug that SilverScript (Employer PDP) will cover. For example, SilverScript (Employer PDP) provides up to nine tablets per prescription for *sumatriptan tab 50mg*. This may be in addition to a standard one month or three month supply.

Prior Authorization (PA)

SilverScript (Employer PDP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before SilverScript (Employer PDP) fill your prescription. If you don't get approval, SilverScript (Employer PDP) will not cover the drug.

Step Therapy (ST)

In some cases, SilverScript (Employer PDP) requires you to first try a certain drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, SilverScript (Employer PDP) will not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript (Employer PDP) will then cover Drug B.

You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's formulary.

If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

You can ask us to provide a higher level of coverage for your drug. If applicable, and your drug is contained in our Non-Preferred Generic and Brand tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Preferred Brand tier instead. This would lower the amount you must pay for your drug.

Initial Coverage:

The plan pays its share of the cost of your drugs and **you pay your share of the cost**. You stay in this stage until your payments for the year plus the plan's payments total \$2,970.00.

Network pharmacy	
Generic	<i>You pay 25% with a max of \$30.00. (Up to a 60-day supply)</i>
Preferred Brand	<i>You pay 35% with a max of \$100.00. (Up to a 60-day supply)</i>
Non-Preferred Generic and Brand	<i>You pay 60% with a max of \$150.00. (Up to a 60-day supply)</i>
Specialty	<i>You pay 35% with a max of \$200.00. (Up to a 60-day supply)</i>
The plan's mail order service	
Generic	<i>You pay 25% with a max of \$30.00. (Up to a 60-day supply)</i>
Preferred Brand	<i>You pay 35% with a max of \$100.00. (Up to a 60-day supply)</i>
Non-Preferred Generic and Brand	<i>You pay 60% with a max of \$150.00. (Up to a 60-day supply)</i>
Specialty	<i>You pay 35% with a max of \$200.00. (Up to a 60-day supply)</i>
Network long-term care pharmacy	
Please note that brand drugs must be dispensed incrementally in long-term care facilities. Generic drugs may be dispensed incrementally. Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed.	
Generic	<i>You pay 25% with a max of \$30.00. (Up to a 31-day supply)</i>
Preferred Brand	<i>You pay 35% with a max of \$100.00. (Up to a 31-day supply)</i>
Non-Preferred Generic and Brand	<i>You pay 60% with a max of \$150.00. (Up to a 31-day supply)</i>
Specialty	<i>You pay 35% with a max of \$200.00. (Up to a 31-day supply)</i>

Coverage Gap:

Your former employer, union, or trust will provide supplemental coverage that will keep your copays/coinsurance consistent through the Coverage Gap, therefore you will see no change in copays until you qualify for Catastrophic Coverage.

Once your total drug costs for drugs reaches \$2,970.00, you will pay only 47.5% of the copay/coinsurance for brand name drugs until you reach a total out-of-pocket cost of \$4,750.00. Once you reach that out-of-pocket cost of \$4,750.00 you qualify for Catastrophic Coverage.

Network pharmacy

Generic	<i>You pay 25% with a max of \$30.00. (Up to a 60-day supply)</i>
Preferred Brand	<i>You pay 35% with a max of \$100.00. (Up to a 60-day supply)</i>
Non-Preferred Generic and Brand	<i>You pay 60% with a max of \$150.00. (Up to a 60-day supply)</i>
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Specialty	<i>You pay 35% with a max of \$200.00. (Up to a 31-day supply)</i>

Catastrophic Coverage:

You qualify for Catastrophic Coverage once your true out-of-pocket (also known as TrOOP) costs reach \$4,750.00 for the year. During Catastrophic Coverage you will pay no more than: the greater of 5% coinsurance or \$2.65 for generics (or drugs treated as generic) and \$6.60 for all other drugs. The Plan will pay the rest.

Out-of-Network:

Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from SilverScript (Employer PDP) for its share of the costs. Please refer to your *Evidence of Coverage* for more information.

If you use an out-of-network pharmacy, we will reimburse you our network contracted rate for a one-month supply minus your cost share amount for the drug. You must submit a paper claim in order to be reimbursed.

Contact SilverScript (Employer PDP) or Medicare for more Information

If you have any questions, please contact SilverScript (Employer PDP) Customer Care 24 hours a day, 7 days a week, at 1-800-837-4092. TTY users should call 1-866-236-1069.

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the Web.

This information is available for free in other languages. Please contact our Customer Care number at 1-800-837-4092 for additional information. (TTY users should call 1-866-236-1069.) Hours are 24 hours a day, 7 days a week. Customer Care also has free language interpreter services available for non-English speakers.

Esta información está disponible gratuitamente en otros idiomas. Comuníquese con nuestro Servicio al Cliente, al 1-800-837-4092 para obtener información adicional. (Los usuarios de teléfono de texto (TTY) deben llamar al 1-866-236-1069.) El horario es las 24 horas del día, los 7 días de la semana. El Servicio al Cliente también tiene servicios gratuitos de interpretación disponibles para personas que no hablan inglés.

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CALL	<p>1-800-837-4092</p> <p>Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>Customer Care also has free language interpreter services available for non-English speakers.</p>
TTY	<p>1-866-236-1069</p> <p>This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.</p> <p>Calls to this number are free. 24 hours a day, 7 days a week.</p>
FAX	<p>1-888-472-1129</p>
WRITE	<p>P.O. Box 280200 Nashville, TN 37228</p>
WEBSITE	<p>stateofkansas.silverscript.com</p>